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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

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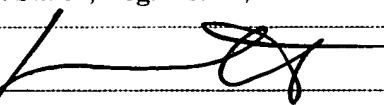
		Application Number	09/827,698
		Filing Date	April 6, 2001
		First Named Inventor	Jeffrey Fischer
		Group Art Unit	3722
		Examiner Name	Monica Smith Carter
Total Number of Pages in This Submission	17	Attorney Docket Number	P00043601X

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	1- Postcard	

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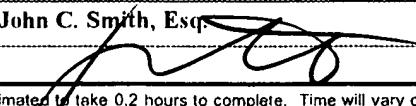
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	John C. Smith, Reg. No. 33,284
Signature	
Date	February 21, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

February 21, 2003

Typed or printed name	John C. Smith, Esq.
Signature	
Date	February 21, 2003

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PTO/SB/17 (11-01)

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U.S. TRADEMARK OFFICE

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
0**Complete if Known**

Application Number	09/827,698
Filing Date	April 6, 2001
First Named Inventor	Jeffrey Fischer
Examiner Name	Monica Smith Carter
Group Art Unit	3722
Attorney Docket No.	P00043601X

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

 Deposit Account:

Deposit Account Number	
Deposit Account Name	

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

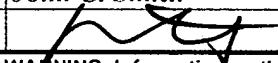
FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee			
106 330	206 165	Design filing fee			
107 510	207 255	Plant filing fee			
108 740	208 370	Reissue filing fee			
114 160	214 80	Provisional filing fee			
SUBTOTAL (1) (\$)		0			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims	20	Extra Claims	Fee from below	Fee Paid	
Independent Claims	2	-20** = 0	x 9 = 0	= 0	
Multiple Dependent		-3** = 0	x 42 = 0	= 0	
SUBTOTAL (2) (\$)		0			
3. ADDITIONAL FEES					
Large Entity	Small Entity	Fee Description			
103 18	203 9	Claims in excess of 20			
102 84	202 42	Independent claims in excess of 3			
104 280	204 140	Multiple dependent claim, if not paid			
109 84	209 42	** Reissue independent claims over original patent			
110 18	210 9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (3) (\$)		0			

**or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**0****SUBMITTED BY**

Name (Print/Type)	John C. Smith	Registration No. (Attorney/Agent)	33,284	Telephone	(561) 394-4666
Signature			Date	February 21, 2003	

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Jeffrey Fisher : Date: February 21, 2003
Serial Number: 09/827,698 : Group Art Unit: 3722
Attorney docket number: P00043601X : Examiner: Monica Smith Carter
Filed: April 6, 2001 : Applicant's Attorney:
Title: PERSONAL INTEREST
SEMAPHORE SYSTEM : John C. Smith
4800 North Federal Highway, Suite A-207
Boca Raton, Florida 33431
Telephone number: (561) 394-4666

AMENDMENT

The Honorable Commissioner of Patents and Trademarks
Washington, D.C. 20231

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Dear Sir:

This amendment includes a response to the office action dated January 22, 2003. Pursuant to 37 C.F.R. 1.7, this paper is timely filed. Please amend the application as follows:

In The Claims:

~~Please cancel claims 2-28.~~

~~Please add the following new claims:~~